

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08290

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH

County.....

City or town.....

Oxon Hill
Budds Mill
Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 Weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles Lewis Baker

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife.....

Katherine Everett

7. Birth date of deceased (mo., day, yr.)

April 3 1912

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

34 4 24 hrs. min.

9. Birthplace.....

Wilmington Kent Md.

(Town, County, and state)

10. Usual occupation.....

Farming

11. Industry or business.....

Farming

FATHER

12. Name.....

Nathaniel P. Baker

MOTHER

13. Birthplace.....

Marshall Md.

14. Maiden name.....

Maudie Legg

15. Birthplace.....

Wilmington Md.

16. Informant.....

N. P. Baker

Address.....

Wilmington Md.

17. Burial.....

Burdensville

Date thereof aug. 30 1946

(Month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Burdensville

Location.....

Burdensville Md.

18. Funeral director.....

Edward S. Farrow

Address.....

Wilmington Md.

19. Date rec'd by registrar.....

Aug. 28 1946

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State.....

Md. County.....

City or town.....

Wilmington

Street No.....

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

222 0 706 76

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 27 1946 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 23 1946 to August 27 1946

and that I last saw him alive on August 27 1946

Immediate cause of death..... Cardiac failure

Due to..... Aortic insufficiency

Due to..... Rheumatic heart disease

Other conditions..... None

(Include pregnancy within 3 months of death)

Major findings of operations..... None

Date of op..... None

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... A. P. Coppola, M.D.

M. D. or other..... Cross St., Chestertown, Md.

Address..... Date signed..... Aug. 27 1946

REC

SEP 2 1946

BUREAU

Evidence for the change of date of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

08291

FILM No. 108 OCT 28 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Willie Virginia Wadell

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife.....

Henry Wadell

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.)

Aug 16 1894 - 1895

8. AGE:

Years
51

Months
V

Days
7

If less than one day
hrs. min.

9. Birthplace.....

Southbury, Ind.

(Town, county, and state)

10. Usual occupation.....

IT W.

11. Industry or business

FATHER

12. Name.....

J. Thomas Penney

MOTHER

13. Birthplace

Q. C. Co. Ind.

14. Maiden name.....

Catharine Penney

15. Birthplace

Q. C. Co. Ind.

16. Informant.....

Henry Wadell

Address

Burial

17. (Burial, cremation, or removal. Which?)

Date thereof.....
(month) (day) (year)

Cemetery or crematory.....

Sudlersville

Location.....

Sudlersville Ind.

18. Funeral director.....

Edgar S. Lane

Address

Church Hill Ind.

19. Aug. 14 1946

Date rec'd by registrar

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Ind.

County.....

Sudlersville

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Aug 13 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 1945, to *Aug 13 1946*

and that I last saw him.....alive on *Aug 13 1946*

Immediate cause of death.....

Acute Delirium & Convulsions

Due to *Pneumonia of Breast*

Exploding & bursting

Due to *Pneumonia*

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE

② 17 Metcalfe

M. D. or other

Address..... *Sudlersville Ind.* Date signed *Aug 14 1946*

RECD

SEP 2 1945

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *B6*

CERTIFICATE OF DEATH

Reg. Dist. No. 892 52

1. PLACE OF DEATH: *Tuevin Avenue*
 County: *Berwynne*, Md.

City or town: *Berwynne*, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *5 weeks*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas Newkale 2 yr

4. Sex *Male* 5. Color or race *white* 6.(a) Single, married, widowed, or divorced *Single*

6.(b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.) *Sept 29 - 1933* 6.(c) If alive, give age years

8. AGE: Years *12* Months *10* Days *11* If less than one day
hrs. min.

9. Birthplace: *Philadelphia - Pa*
(Town, county, and state)

10. Usual occupation: *-*

11. Industry or business: *Blackkess Newkale*

12. Name: *Blackkess Newkale*
MOTHER FATHER: *Philadelphia - Pa*

13. Birthplace: *Mary Harrison*

14. Maiden name: *Mary Harrison*
15. Birthplace: *Coldwater Springs*

16. Informant: *Mr. Blackkess Newkale*

Address: *414 Righter's Mill Rd*
17. Burial: *Burial* Date thereof: *Aug 10 '46*
(Burial, cremation, or removal. Which?) (month) (year)

Cemetery or crematory: *St. David's Cemetery - Pa*

Location: *Binghurst Co. Inc.*

18. Funeral director: *2000 Lee Street St - Phila*

Address: *Aug. 8 - 1946* *Elio Armetta Jr.*
(Date read by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: *Penns* County: *Northgate - Pa*

City or town: *Northgate - Pa*
 (If outside city or town limits, write RURAL and give nearest town)

Street No. *414 Righter's Mill Rd*
 (If rural, give LOCATION)

2.(a) If veteran, name war: *V*

3. (b) Social-Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: *Aug - 8 - 1946* at *3:05 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *19* to *19*,
 and that I last saw him *alive* on *19*.

Immediate cause of death: *Asphyxia*

DURATION

Due to: *He was digging a hole in a sand bank & it caved in on him -*

Due to: *When he was gotten out he was dead -*

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

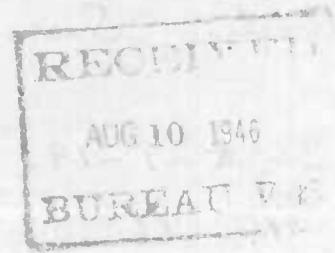
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide: *Accident* Date of: *8/8/46*

Where did injury occur: *her Canteen - 2nd fl. Rd* (City or town) (County) (State)

Injured at home, farm, industry, public place (where)? *at camp* Means of injury: *Sand Caved in on him* Injured at work?

23. SIGNATURE: *W. Henry Fisher*
 Address: *Dept. of Health* Date signed: *8/8/46*



Evidence for change of year MARYLAND STATE DEPARTMENT OF HEALTH
of birth of deceased is shown on 2411 N. Charles St., Baltimore 10

FILM No. I 06 AUG 30 1946

CERTIFICATE OF DEATH

08293

Reg. Dist. No.

253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: *Greens Anna*
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, Institution, or street address where death occurred:.....
How long in hospital or institution?.....

3. (a) FULL NAME

Irving Richardson

4. Sex *m* 5. Color or race *c* 6. (a) Single, married, widowed, or divorced *married*
6. (b) Name of husband or wife *Anna E. Richardson*
7. Birth date of deceased (mo., day, yr.) *Sept 3rd 1888* 6. (c) If alive, give age years
8. AGE: Years *58* Months *10* Days *7* If less than one day
hrs. min.

9. Birthplace *Chester Md.* (Town, county, and state)

10. Usual occupation *Laborer*

11. Industry or business *Edmond Richardson*

12. Name *Edmond Richardson*

13. Birthplace *Md.*

14. Maiden name *Susan Anderson*

15. Birthplace *Md.*

16. Informant *Anna E. Richardson*

Address *Chester Md.*

17. Burial *Burial* Date thereof *Aug. 14-46*
(Burial, cremation, or removal. Which?) Date (month) (day) (year)

Cemetery or crematory *Cemetery*

Location *Chester Md.*

18. Funeral director *Lewis A. Henry*

Address *Cambridge Md.*

19. Date rec'd by registrar *Aug. 17 1946*

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State *Maryland* County *Green Anne*
City or town *Chester* (If outside city or town limits, write RURAL and give nearest town)
Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH *Aug 10* 1946 at 4 P.M.

21. CERTIFY that deceased died on the date above stated; that attended deceased from *July 3rd* to *Aug 10*, 1946, and that I last saw him alive on *Aug 10*, 1946.

Immediate cause of death *Arteriosclerosis*

Cerebral Thrombosis

Due to *with hemiplegia*

chronic nephro-sclerosis several

endocarditis *mitral* *flail*

Other conditions *climacteric*

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

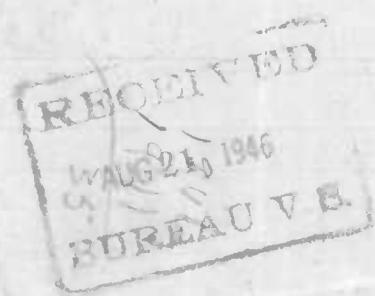
Injured at work?

23. SIGNATURE

Leonard Sattelmair M.D.

M. D. or other

Address *Stevensville* Date signed *8/10/46*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 912

08294

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

Doris Anne
Centreville

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

8 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elizabeth Virginia

Taylor

4. Sex

5. Color of face

6. (a) Single, married, widowed, or divorced

Female white divorced

6. (b) Name of husband or wife

John Thomas Taylor

7. Birth date of deceased (mo., day, yr.)

June 5-1911

6. (c) If alive, give age years

38

8. AGE:

Years Months Days If less than one day

35 1 26 hrs. min.

9. Birthplace

Baltimore 2d Co. Md

(Town, county, and state)

10. Usual occupation

Book keeper

Hardware firm

11. Industry or business

James T B Hess

12. Name

Church Hill 2d Co. Md

13. Birthplace

Anna Hampton

14. Maiden name

Baltimore 2d Co. Md

15. Birthplace

James T B Hess

16. Informant

Baltimore 2d Co. Maryland

Address

Burial

17. (Burial, cremation, or removal. Which?)

Date thereof Aug 3-46

Cemetery or crematory

St Peter's

Location

Towson 2d Co. Maryland

18. Funeral director

Boatman Bros

Address

Centreville. Maryland

19. (Date rec'd by registrar)

19. 8-2-

19. 46

Elice Armstrong

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County

Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

216-07-6965

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 1 1946 at 3:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 31 1946 to Aug 1 1946

and that I last saw her alive on Aug 1 1946

Immediate cause of death

Burnary accident

DURATION

9 hours

Due to

Due to

Other conditions

Exertion

days

2 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Sentreville, Md Date signed Oct 4-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3D

CERTIFICATE OF DEATH

Reg. Dist. No.

08295
251

1. PLACE OF DEATH:

County.....

Fudlersville Ind

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

out life

Hospital, institution, or street address where death occurred:.....

Ind

How long in hospital or institution?.....

3. (a) FULL NAME

Frannie R. walls

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M

6.(b) Name of husband or wife.....

Elwood walls

7. Birth date of deceased (mo., day, yr.)

(6.c) If alive, give age 91 years

Aug Sept 30, 1880

8. AGE:

Years
65Months
10Days
16It less than one day
hrs. min.

9. Birthplace.....

Fudlersville Ind

(Town, county, and state)

10. Usual occupation.....

H.W.

11. Industry or business

MOTHER FATHER

Samuel C. Bigby

12. Name.....

Fudlersville Ind

13. Birthplace

Fudlersville Ind

14. Maiden name.....

Frannie V. Bewley

15. Birthplace

Fudlersville Ind

16. Informant.....

Elwood walls

Address

Fudlersville Ind

Burial

Date thereof Aug. 18, 1946

(month) (day) (year)

17. (Burial, cremation, or removal. Which?)

Sudlersville

Cemetery or crematory

Location

Sudlersville Ind

18. Funeral director

Edgar L. Love

Address

Chapel Hill Ind.

19. Aug. 18 1946

Edgar L. Love

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Ind.

County.....Z.A.

City or town.....

Sudlersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....Aug. 18 1946 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Aug. 18, 1946, to Aug. 18, 1946

and that last saw him alive on Aug. 17, 1946

Immediate cause of death.....

Heart Disease

DURATION

Due to.....Chronic Myocarditis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....C. Bufford

M. D. or other

Address.....Fudlersville Ind.

Date signed 8/18/46

